

## **Mental Health Update**

June 10, 2005

### **Blake Named Deputy for Mental Health Services**

Vermont Health Commissioner Paul Jarris has appointed Paul Blake as Deputy Commissioner of Health for Mental Health Services. Blake, who has been serving as acting deputy since early April, was the top candidate selected by a search committee made up of mental health care providers, advocates and consumers. He also had the endorsement of the two state standing committees that monitor mental health programs and advise the commissioner. For more details, see news release at [www.healthyvermonters.info/admin/releases/2005/060805blake.shtml](http://www.healthyvermonters.info/admin/releases/2005/060805blake.shtml).

### **FAHC Contract Goes to Governing Body**

A draft of the Fletcher Allen Health Care contract to provide clinical psychiatric services at Vermont State Hospital and clinical oversight of state-funded mental health programs is posted on the Weekly Update page and has been sent to the Vermont State Hospital Governing Body for review at its June 15 meeting. The annual contract term begins on July 1 and may be renewed for up to four additional one-year terms.

### **Brattleboro Retreat Receives Designation**

Acting on the recommendation of a Health Department review team, Commissioner Jarris has named the Brattleboro Retreat as a hospital designated under Title 18 of the Vermont Statutes to provide involuntary care for individuals with mental illnesses. The inpatient psychiatric service at the Retreat consists of two licensed acute care units for adults, one with a 21-bed capacity and the other with a 25-bed capacity, for a total adult capacity of 46 inpatients. The facility also has one licensed acute care unit for children and adolescents, with a 25-bed capacity. The hospital is currently undergoing a remodeling project that will include an area for more acute adult psychiatric patients.

### **Forensic Legislation Passes**

The forensic examination provisions contained in Vermont law have been amended by language included in the appropriations bill. Until now, the law permitted a court to order inpatient forensic examinations only at Vermont State Hospital. The new legislation authorizes the Health Commissioner to determine the best hospital for the person to be examined in, expanding the possible locations for court-ordered inpatient forensic examinations to other hospitals. It states that only those persons meeting the "person in need of treatment" definition may be involuntarily hospitalized for these exams, and removes the ability of the court to order such examinations without the recommendation of a qualified screener.

Next steps include determining standards for the hospitals that choose to receive individuals for court-ordered examinations, followed by training and designation of those hospitals for this purpose. In addition, the department will work with the emergency services directors of the designated agencies and with the courts to create a process for determining the appropriate

setting for each inpatient examination. Inpatient examinations at hospitals other than Vermont State Hospital will not begin until these steps are complete.

Progress under the new law, which sunsets in July, 2006, will be reviewed during the next legislative session.

### **VSH Futures Group Schedule Set**

Vermont State Hospital Future Planning Advisory Group will meet in the Skylight Conference Room in Waterbury on the following dates:

- July 27, 2005, 2-4 p.m.
- September 21, 2005, 10 a.m.–noon
- November 16, 2005, 10 a.m.–noon
- January 23, 2006, 2-4 p.m.
- March 20, 2006, 2-4 p.m.
- May 15, 2006, 2-4 p.m.
- June 26, 2006, 2-3 p.m. (optional, for appreciation and closure)

Minutes from the June 1 meeting are posted on the Weekly Update page.

### **Medicare Part D**

Good news and bad news – or at least confusing news -- about Medicare Part D this week.

#### **1. Prescription Drug Plans – The Good News**

The new Medicare Part D prescription drug coverage will present some real challenges in sorting out how to make the best decision in choosing from among different plans offered by different companies -- a decision that every applicant will have to make. Those who are on Medicare and are also on Medicaid, and therefore currently receiving pharmacy assistance through the state, will be shifted to Part D automatically. If they do not sign up for a plan of their own choosing, they will be "auto-enrolled" by the Centers for Medicare and Medicaid Services (CMS). This auto-enrollment might result in their having a plan that is not the best match for their pharmacy needs. Beneficiaries are auto-enrolled only if they are dually eligible for both Medicare and Medicaid and they have not selected a Medicare Prescription Drug Plan or PDP. If dually eligible beneficiaries are auto-enrolled in a plan, they are provided the opportunity to change plans through a special enrollment period (SEP). So, after they review a PDPs formulary and determine that they want a different plan, they can switch and enroll in that other plan.

Although every prescription drug plan offered under Part D is required to cover all classes of drugs, the specific drugs, and even the partner pharmacies, can differ. Advice will be available through State Health Insurance Assistance Program (SHIP) counselors, Area Agencies on Aging, and the community mental health centers, among other agencies and organizations. If a drug is not covered by a PDP, a beneficiary has the right to appeal for coverage through the Medicare PDP or to ask to have a non-formulary drug covered during a transition process.

The good news is that Vermont will be adding a new plan to make sure that those on Medicaid who are being transferred to Medicare Part D for pharmacy do not have to come up with additional money to pay for the gaps in Medicare Part D that Medicaid did not have. In addition, Vermont Medicaid intends to cover drug classes that are specifically excluded from coverage by Medicare Part D, such as benzodiazepines, barbiturates and over-the-counter medication.

## 2. Mailing Errors by CMS – The Confusing News

In preparation for the implementation of Medicare Part D on January 1, 2006, CMS has begun mailing letters to beneficiaries deemed eligible for the Limited Income Subsidy (“extra help”), to help individuals pay for their prescription drugs under the new coverage. Vermonters began receiving these letters the first week in June and will continue to get them over the next few weeks.

The bad news is that some of the intended recipients of the letters received empty envelopes, and others may have received two letters in one envelope. The potential for confusion is considerable nationally, given the size of the mailing: close to six million people. In Vermont, luckily, the size of the problem is much smaller, as these letters were mailed to Vermonters later than to most of the rest of the country. CMS estimates that so far only 21 letters have been mailed to addresses in Vermont. The Health Department staff has identified Part D contacts at all 10 designated agencies for mental health services, has alerted the contacts about the problems with the initial correspondence, and has asked them to take measures to get in touch with clients who may have received empty envelopes or too many letters.

This mailing is the first major effort by the federal government to contact individuals who will be covered by Medicare Part D. Given the complexities of data management, the large number of people involved, and mailings yet to come, more glitches can be expected. The Health Department has a mechanism in place, however, to make the process as smooth as possible in Vermont, and to ensure uninterrupted services for clients of the public system who will be moving to the new plan.

Inquiries about eligibility for the “extra help” with Part D coverage and/or confusion caused by the correspondence may be directed to 1 (800) MEDICARE (1-800-633-4227). TTY users should call 1 (877) 486-2048.

## **VSH Census**

The Vermont State Hospital census was 50 as of midnight Thursday night. The average census for the past 45 days was slightly more than 48.

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